

APR -19' 05 (TUE) 08:10

QMC MEDICAL TRANSCRIPTION

TEL: 8085855087

P. 001

The Queen's Medical Center
1301 Punchbowl Street
Honolulu HI 96813

PATIENT NAME: KEMP, LEROY W
MEDICAL RECORD #: 442042
ROOM #: TW5D
ATTENDING PHYS: STEIN, ALAN
REPORT: MT TRANSFER/DISCHARGE SUMMARY
JOB #: 1620790

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cc: SALVATORE ABBRUZZESE, MD

DATE OF ADMISSION: 04/11/2005
DATE OF TRANSFER/DISCHARGE: 04/13/2005

DOB: 03/07/1957
PATIENT AGE: 48Y

FINAL DIAGNOSES

1. Convulsions, not otherwise specified.
2. Conversion disorder.

OPERATIONS AND/OR PROCEDURES

Video electroencephalogram monitoring.

COMPLICATIONS

None.

HISTORY OF PRESENT ILLNESS

This 48-year-old man has a history of seizure-like spells. He was referred by Halawa Prison for evaluation as to whether they were epileptic or nonepileptic. On 04/11/05, he was admitted to the epilepsy monitoring unit for continuous video electroencephalogram monitoring. Review of a prior plain video tape had strongly suggested that his events were nonepileptic in nature.

HOSPITAL COURSE AND TREATMENT

The patient was admitted on 04/11/05. Medications were tapered and within two days were discontinued altogether. Provocative maneuvers such as sleep deprivation were employed. The patient had a single seizure-like episode on 04/13/05. Behaviorally, this was extremely similar to the behavior that was reviewed on the video tape. There were no epileptiform discharges, ictal discharges or other findings to suggest an epileptic seizure basis for the event. In addition to this, throughout his entire stay, his electroencephalogram was free of any epileptiform activity.

DISPOSITION

The patient will be transferred back to Halawa Prison.

RECOMMENDATION(S)

My recommendation for seizure management is that he be on no anticonvulsants whatsoever. These seizure-like events are nonepileptic (psychogenic) in nature. I would recommend that if he does have anymore of these events, that his head be cushioned with a pillow and his body otherwise protected from injury, but other than that, no intervention be made as they are semi-voluntary in nature and will cease on their own.

MRN: 442042

LEROY W KEMP

Dictated by: ALAN G STEIN, MD

EXHIBIT "C"

APR -19' 05 (TUE) 08:10

CNC MEDICAL TRANSCRIPTION

TEL: 8085855087

P. 002

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1301 Punchbowl Street
Honolulu HI 96813

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Because of the possibility that the Lamictal is being used both for anticonvulsant, as well as for psychiatric management, I will advise that upon return to Halawa he continue on the Lamictal until his psychiatrist can make statements as to whether or not he needs to continue on the Lamictal for psychiatric reasons. I stress, however, that the continuation of the Lamictal is not for seizure reasons, but instead for psychiatric reasons, and only until this can be discussed with his psychiatrist.

I discussed the nature of nonepileptic events with the patient. I recommended that psychologic counseling in terms of trying to understand the psychologic basis for these events (i.e., history of abuse, etc.) be explored, as well as more pragmatic approach of behavioral modification to find more productive ways to express any stress.

I also discussed with the patient that it is impossible for me to completely rule out the possibility that he has both epileptic and nonepileptic events. Based on what we have seen here, however, I am quite comfortable in discontinuing anticonvulsant medications. Should he have recurrence of seizure-like activity, which is significantly different than the current events, then a reevaluation may be helpful at that time.

ALAN G STEIN, MD

AGS/arc

d: 04/15/2005 08:33:26

t: 04/15/2005 08:42:58

Hey P!
check this out
keep on file
S

MRN: 442042

LEROY W KEMP

Dictated by: ALAN G STEIN, MD